MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. C99841426   FILING DATE 4/24/01

APPLICANT(S)

CLAIMS

4/02/05

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/					51		\				
2		\		/				52		\				
3		\		/				53		\				
4		\		/				54		\				
5		\		/				55						
6		\		/				56		\				
7		\		/				57		\				
8		\		/				58		\				
9		\		/				59		\				
10				/				60		\				
11				//				61		\				
12		\		/				62		\				
13		\		/				63		\				
14				/				64		\				
15		\						65		\				
16								66		\				
17		\		/				67		\				
18								68		\				
19								69		\				
20		\						70		\				
21								71		\				
22		\						72		\				
23								73		\				
24								74		\				
25								75		\				
26								76		\				
27								77		\				
28								78		\				
29		\		/				79		\				
30		\		/				80						
31		\		/				81						
32		\						82						
33								83						
34								84						
35								85						
36		\		/				86						
37		\		/				87						
38		\		/				88						
39		\		/				89						
40		\		/				90						
41		\		/				91						
42		\		/				92						
43		\		/				93						
44		\		/				94						
45		\		/				95						
46		\		/				96						
47		\		/				97						
48		\		/				98						
49		\						99						
50		\						100						
TOTAL IND.		↓		↓		↓		TOTAL IND.	2	↓		↓		↓
TOTAL DEP.			31					TOTAL DEP.	27					
TOTAL CLAIMS			32					TOTAL CLAIMS	29					

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV 3-78)

U.S. DEPARTMENT OF COMMERCE
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